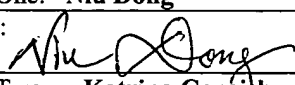
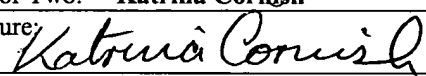


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<b>DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)</b>  <b>Certificate of Mailing:</b> I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" under 37 CFR 1.10 on the date indicated and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450		Attorney Docket No.	0109.03
		Serial No.	
		First Inventor	Niu Dong et al.
		Express Mail No. Date	EU 972811657 US March 10, 2004
Title of Invention	Transformation Methods for Guayule Using <i>Agrobacterium</i> and Reduced Light to Slow Metabolism and Enhance Recovery		
As the below named inventor(s), I/we declare that:			
This declaration is directed to:			
<input checked="" type="checkbox"/> The attached application, or  <input type="checkbox"/> Application No. _____, filed on _____ <input type="checkbox"/> as amended on _____ (if applicable);			
I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;			
I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;			
I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.			
All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.			
FULL NAME OF INVENTOR(S)			
Inventor One: Niu Dong		Citizen of: US	
Signature: 		Date: March 10, 2004	
Inventor Two: Katrina Cornish		Citizen of: US	
Signature: 		Date: March 10, 2004	
Inventor Three:		Citizen of:	
Signature:		Date:	
Inventor Four:		Citizen of:	
Signature:		Date:	
<input type="checkbox"/> Additional inventors are being named on _____ additional form(s) attached hereto.			

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	Filing Date	
	First Named Inventor	Niu Dong et al.
	Title	Transformation Methods for Guayule Using <i>Agrobacterium</i> and Reduced Light to Slow Metabolism and Enhance Recovery
	Art Unit	
	Examiner Name	
	Attorney Docket No.	0109.03
	Express Mail No. Date	EU 972811657 US March 10, 2004

I hereby appoint:

☒ Practitioners associated with the Customer Number: **25278**or ☐ Practitioner(s) named below:

Name:		Address:	
Name:		Address:	
Name:		Address:	

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected herewith.

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or

☐ The address associated with Customer Number:

or

☐ Firm or Individual  
Name

Address

City

State / Zip

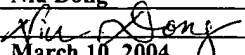
Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71  
(Statement under 37 CFR 3.73(b) is enclosed. Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name:	Niu Dong
Signature:	
Date:	March 10, 2004
Telephone	510-559-5750

NOTE: Signatures of all inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \* Total of 2 forms are submitted. 1 of 2

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	Examiner Name	
	Attorney Docket No.	0109.03
	Express Mail No. Date	EU 972811657 US March 10, 2004

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Name:		Address:	

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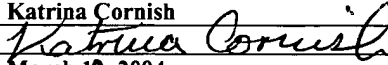
☐ The address associated with Customer Number:

or

<input type="checkbox"/> Firm or Individual Name			
Address			
City	State / Zip		
Country			
Telephone		Fax	

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71  
(Statement under 37 CFR 3.73(b) is enclosed. Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name:	Katrina Cornish		
Signature:			
Date:	March 10, 2004	Telephone	510-559-5750

NOTE: Signatures of all inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \* Total of 2 forms are submitted. 2 of 2

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